

FY 2015
CHAPTER 59 ASSET FORFEITURE REPORT
BY ATTORNEY REPRESENTING THE STATE

AGENCY INFORMATION:						
Agency Name:						
Agency Mailing Address:						
Phone Number:						
County(ies):						
Email Address:						
Reporting Period: 09/01/2014 – 08/31/2015 (State Fiscal Reporting Year)						
I.			SEIZED FUNDS PURSUANT TO CHAPTER 59			
	A)		Beginning seized funds balance:	\$		
	B)		Seizures during reporting period.			
		1.	Amount seized by employees of your agency:	\$		
		2.	Amount seized by other agencies:	\$		
	C)		Total amount of forfeiture petitions filed for all agencies you represent:	\$		
	D)		Total amount of forfeitures pending for all agencies you represent:	\$		
	E)		Interest earned on seized funds during reporting period:	\$		
	F)		Amount returned to Defendants/Respondents:	\$		
	G)		Amount transferred to forfeiture account:	\$		
	H)		Other reconciliation items (must provide detail on additional sheet):	\$		
	I)		Ending Seized Funds Balance: <i>Instructions: Add lines A + B(1) + B(2) + E + H – F – G = Ending Balance</i>	\$		
II.			FORFEITED FUNDS AND OTHER COURT AWARDS PURSUANT TO CHAPTER 59			
	A)		Beginning forfeited funds balance:	\$		
	B)		Amount forfeited for all agencies you represent and covered by local agreement.			
		1.	Amount forfeited and transferred to all agencies covered by local agreement:	\$		
		2.	Amount forfeited and received by your agency:	\$		
		3.	Total amount forfeited and transferred to all agencies covered by local agreement:	\$		
	C)		Interest earned on forfeited funds during reporting period:	\$		
	D)		Amount awarded for all agencies you represent pursuant to 59.022.			
		1.	Amount awarded and transferred to all agencies pursuant to 59.022:	\$		
		2.	Amount awarded and received by your agency pursuant to 59.022:	\$		
		3.	Total amount awarded for all agencies you represent pursuant to 59.022:	\$		
	E)		Amount awarded for all agencies you represent pursuant to 59.023.			
		1.	Amount awarded and transferred to all agencies pursuant to 59.023:	\$		
		2.	Amount awarded and received by your agency pursuant to 59.023:	\$		
		3.	Total amount awarded for all agencies you represent pursuant to 59.023:	\$		
	F)		Proceeds received by your agency from sale of forfeited property:	\$		
	G)		Amount returned to crime victims:	\$		
	H)		Other reconciliation items (provide detail on additional sheet):	\$		
	I)		Total expenditures of forfeited funds during reporting period:	\$		
	J)		Ending forfeited funds balance Add lines A + B(2) + C + D(2) + E(2) + F + H – G – I = Ending Balance:	\$		
III. OTHER PROPERTY						
Please note – this should be a number, not a currency amount. Example 4 cars seized, 3 cars forfeited and 0 cars put into use		MOTOR VEHICLES (include cars, motorcycles, tractor trailers, etc.)	REAL PROPERTY (count each parcel seized as one item)	COMPUTERS (include computer and attached system components, such as printers and monitors as one item)	FIREARMS (include only firearms seized for forfeiture under Chapter 59. Do not include weapons disposed)	OTHER (include description)

				of under Chapter 18.)	
Pending for all agencies at beginning of reporting period:					
Seized by your agency during reporting period:					
New petitions filed for all agencies during reporting period:					
Forfeited to your agency during reporting period:					
Put into service by your agency during reporting period:					
Pending for all agencies at end of reporting period:					
IV. FORFEITED PROPERTY RECEIVED FROM ANOTHER AGENCY:					
A)	Motor Vehicles:			#	
B)	Real Property:			#	
C)	Computers:			#	
D)	Firearms:			#	
E)	Other:			#	
V. FORFEITED PROPERTY TRANSFERRED OR LOANED TO ANOTHER AGENCY					
A)	Motor Vehicles:			#	
B)	Real Property:			#	
C)	Computers:			#	
D)	Firearms:			#	
E)	Other:			#	
VI. EXPENDITURES:					
A)	SALARIES				
1.	Increase of salary, expense or allowance for employees (salary supplements):			\$	
2.	Salary budgeted solely from forfeited funds:			\$	
3.	Number of employees paid using forfeiture funds:			#	
4.	TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:			\$	
B)	OVERTIME				
1.	For employees budgeted by governing body:			\$	
2.	For employees budgeted solely out of forfeiture funds:			\$	
3.	Number of employees paid using forfeiture funds:			#	
4.	TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS			\$	
C)	EQUIPMENT				
1.	Vehicles:			\$	
2.	Computers:			\$	
3.	Firearms, protective body armor, personal equipment:			\$	
4.	Furniture:			\$	
5.	Software:			\$	
6.	Maintenance Costs:			\$	
7.	Uniforms:			\$	
8.	K9 Related Costs:			\$	
9.	Visual Aid Equipment for Litigation:			\$	
10.	Other (must provide detail on additional sheet):			\$	
11.	TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:			\$	
D)	SUPPLIES				
1.	Office supplies:			\$	
2.	Mobile phone and data account fees:			\$	
3.	Internet:			\$	
4.	Other (must provide detail on additional sheet)			\$	
5.	TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:			\$	
E)	TRAVEL				
1.	IN STATE TRAVEL				

	1a	Transportation:	\$
	1b	Meals & lodging:	\$
	1c	Mileage:	\$
	1d	Incidental expenses:	\$
	1e	Total In State Travel	\$
	2.	OUT OF STATE TRAVEL	
	2a	Transportation:	\$
	2b	Meals & lodging:	\$
	2c	Mileage:	\$
	2d	Incidental expenses:	\$
	2e	Total Out of State Travel	\$
	3	TOTAL TRAVEL PAID OUT OF CHAPTER 59 FUNDS:	\$
F)		TRAINING	
	1.	Fees (conferences, seminars):	\$
	2.	Materials (books, cds, videos, etc.):	\$
	3.	Other (must provide detail on additional sheet):	\$
	4.	TOTAL TRAINING PAID OUT OF CHAPTER 59 FUNDS:	\$
G)		INVESTIGATIVE COSTS	
	1.	Informant costs:	\$
	2.	Buy money:	\$
	3.	Lab expenses:	\$
	4.	Other (must provide detail on additional sheet):	\$
	5.	TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:	\$
H)		PREVENTION / TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS	
	1.	Total prevention/treatment programs (pursuant to articles 59.06 (d-3(6), (h), (j)):	\$
	2.	Total financial assistance (pursuant to articles 59.06 (n) and (o)):	\$
	3.	Total donations (pursuant to Articles 59.06 (d-2)):	\$
	4.	TOTAL PREVENTION / TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS (PURSUANT TO ARTICLES 59.06 (d-3(6)), (h), (j), (n), (o), (d-2)):	\$
I.		FACILITY COSTS	
	1.	Building purchase:	\$
	2.	Lease payments:	\$
	3.	Remodeling:	\$
	4.	Maintenance costs:	\$
	5.	Utilities:	\$
	6.	Other (must provide detail on additional sheet):	\$
	7.	TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 FUNDS:	\$
J.		MISCELLANEOUS FEES	
	1.	Court costs:	\$
	2.	Filing fees:	\$
	3.	Insurance:	\$
	4.	Witness fees (including travel and security):	\$
	5.	Audit costs and fees (including audit preparation and professional fees):	\$
	6.	State bar dues and legal association dues:	\$
	7.	Legal library supplies and access fees:	\$
	8.	Other (must provide detail on additional sheet):	\$
	9.	TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS:	\$
K.		PAID TO STATE TREASURY / GENERAL FUND / HEALTH & HUMAN SERVICES COMMISSION	
	1.	Total paid to state treasury due to lack of agreement pursuant to 59.06(a):	\$
	2.	Total paid to state treasury due to participating in task force not established in accordance with 59.06 (g)(1):	\$
	3.	Total paid to General Fund pursuant to 59.06 (c-3) (C) (Texas Department of Public Safety only):	\$
	4.	Total forfeiture funds transferred to the Health and Human Services Commission pursuant to 59.06 (p):	\$
	5.	TOTAL PAID TO STATE TREASURY / GENERAL FUND / HEALTH & HUMAN SERVICES COMMISSION OUT OF CHAPTER 59 FUNDS:	\$

L.		TOTAL PAID TO COOPERATING AGENCY(IES) PURSUANT TO LOCAL AGREEMENT:	\$
M.		TOTAL OTHER EXPENSES PAID OUT OF CHAPTER 59 FUNDS WHICH ARE NOT ACCOUNTED FOR IN PREVIOUS CATEGORIES (must provide detail on additional sheet):	\$
N.		TOTAL EXPENDITURES:	\$

NOTE: BOTH CERTIFICATIONS MUST BE COMPLETED

AUDITOR / TREASURER / ACCOUNTING PROFESSIONAL/PREPARER CERTIFICATION

I swear or affirm that the Commissioners Court, City Council or Agency Head (if no governing body) has requested that I conduct the audit required by Article 59.06 of the Code of Criminal Procedure and that upon diligent inspection of all relevant documents and supporting materials, I believe that the information contained in this report is true and correct to the best of my knowledge.

AUDITOR, TREASURER,
ACCOUNTING PROFESSIONAL or
PREPARER (Printed Name):

TITLE:

SIGNATURE:

DATE:

AGENCY HEAD CERTIFICATION

I swear or affirm, under penalty of perjury, that I have accounted for the seizure, forfeiture, receipt, and specific expenditure of all proceeds and property subject to Chapter 59 of the Code of Criminal Procedure, and that upon diligent inspection of all relevant documents and supporting materials, this asset forfeiture report is true and correct and contains all information required by Article 59.06 of the Code of Criminal Procedure. I further swear or affirm that, to the best of my knowledge, all expenditures reported herein were lawful and proper, and made in accordance with Texas law.

ATTORNEY REPRESENTING THE

STATE (Elected Official) (Printed
Name):

SIGNATURE:

DATE:

RETURN COMPLETED FORM TO:

Office of the Attorney General
Criminal Prosecutions Division
P.O. Box 12548
Austin, TX 78711-2548
Attn: Kent Richardson
(512)463-1591

Chapter59AuditReport@texasattorneygeneral.gov

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